

Name	Department/Division	Department Name
City/State of Destination		Dates of Travel (From/To)
Purpose of Travel		

**DATE(S) EXPENSES INCURRED:**

EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS	
	DOLLARS		CENTS		DOLLARS		CENTS		
1. Breakfast	\$	\$	\$	\$	\$	\$	\$		
2. Lunch									
3. Dinner									
4. Meal Subtotal									
5. Lodging									
6. Meals & Refreshments for Others									
7. Air/Rail									
8. Taxi/Shuttle									
9. Mileage ( <u>    </u> x <u>    </u> )									
10. Rental Car									
11. Other Transportation									
12. Conference									
13. Other									

14. Detail Explanation of Item 6

DATE	NAME(S) OF PERSON(S)	AMOUNT	JUSTIFICATION

<b>\$ TOTALS</b>
Less Pd. Directly by University
<b>SUBTOTAL</b>
Less Advance
Due University
Due Traveler

15. Justification by Expense Item (other than Item 6) according to the university Travel Policy.

EXPENSE ITEM	JUSTIFICATION

16. Expense Distribution (from **SUBTOTAL**)

Center / Account Number	Amount

17. Certification – I certify that all expenses listed on this report are for approved business related travel, that all expenses are reimbursable under university policy; that the accounting is accurate, and that I have not already been reimbursed for these expenses except as noted.

Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Department Administrator \_\_\_\_\_ Date \_\_\_\_\_

Accounting - White                      Supervisor - Yellow                      Traveler - Pink